FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:00

DOCUMENT # N94000003395 (0)

1. Corporation Name
NATIONAL REPARENTING CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
398 WEST CAMINO REAL NO. 4 BOCA RATON FL 33432	398 WEST CAMINO REAL NO. 4 BOCA RATON FL 33432

3. Date Incorporated or Qualified: 07/10/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0510728 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:
2a. Mailing Address 26: P.O. Box 4397
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28: Boca Raton Florida
Zip 24: Country 25:
Zip 29: 33429 Country 30: U.S.A

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHALEN, TIMOTHY L
400 AUSTRALIAN AVE. SOUTH
SUITE 850
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Varney, Michael W
82 Street Address (P.O. Box Number is Not Acceptable): 398 W. Camino Real
83: No. 4
84 City: Boca Raton FL 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael W. Varney — Michael W. Varney DP — 1-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	VARNEY, MICHAEL W	1.2 NAME	
STREET ADDRESS	398 W. CAMINO REAL, #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK-VARNEY, DEBORAH L	2.2 NAME	
STREET ADDRESS	398 W. CAMINO REAL, #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON-VARNEY, DR. THERESA	3.2 NAME	
STREET ADDRESS	398 W. CAMINO REAL, #4	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael W. Varney — Michael W. Varney — 1-23-97 — 407-395-5473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049419